

1.) CORPORATION NAME:

**ROBINS FOUNDATION**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**WILLIAM L ROBERTS JR**

**JAMES CENTER TWO 4TH FL**

**1021 E CARY ST**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **12/30/2010**

SCC ID NO: **00793257**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: JAMES CENTER TWO 5TH FLOOR  
1021 E CARY STREET

CITY/ST/ZIP: RICHMOND, VA 23219-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: E BRUCE HEILMAN  
TITLE: DIRECTOR  
ADDRESS: 1111 E MAIN ST  
SUITE 701  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

☐ OFFICER ☒ DIRECTOR

NAME: LEWIS T BOOKER  
TITLE: DIRECTOR  
ADDRESS: 1111 E MAIN ST  
SUITE 701  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

☐ OFFICER ☒ DIRECTOR

NAME: ROBERT E MARCHANT  
TITLE: DIRECTOR  
ADDRESS: 1111 E MAIN ST  
SUITE 701  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

☐ OFFICER ☒ DIRECTOR

NAME: E CLAIBORNE ROBINS  
TITLE: DIRECTOR  
ADDRESS: 1111 E MAIN ST  
SUITE 701  
CITY/ST/ZIP/CO: RICHMOND, VA 23219-

☐ OFFICER ☒ DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY C ROBINS DIRECTOR 1111 E MAIN ST SUITE 701 RICHMOND, VA 23219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBIN R SHIELD DIRECTOR 1111 E MAIN ST SUITE 701 RICHMOND, VA 23219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIET E SHIELD-TAYLOR DIRECTOR 1111 E MAIN ST SUITE 701 RICHMOND, VA 23219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BETTY ROBINS PORTER PRESIDENT 1111 E MAIN ST SUITE 701 RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN CAROL MARCHANT DIRECTOR 1111 E MAIN ST SUITE 701 RICHMOND, VA 23219-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERYL ROBINS NOLT VICE PRESIDENT 1111 E MAIN ST SUITE 701 RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM L ROBERTS, JR EXEC DIR/SEC 1111 E MAIN ST SUITE 701 RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REGINALD N JONES TREASURER WILLIAMS MULLEN CENTER 200 S 10TH ST, 16TH FL RICHMOND, VA 23219-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ WILLIAM L ROBERTS, JR</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM L ROBERTS, JR, EXEC DIR/SEC PRINTED NAME AND CORPORATE TITLE	<u>12/30/2010</u> DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.